

<i>SERFF Tracking Number:</i>	<i>NALH-127091480</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>North American Company for Life and Health Insurance</i>	<i>State Tracking Number:</i>	<i>48315</i>
<i>Company Tracking Number:</i>	<i>LR482 AND PS170A</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.101 External Indexed - Single Life</i>
<i>Product Name:</i>	<i>LR482 and PS170A</i>		
<i>Project Name/Number:</i>	<i>LR482 and PS170A/LR482 and PS170A</i>		

## Filing at a Glance

Company: North American Company for Life and Health Insurance

Product Name: LR482 and PS170A	SERFF Tr Num: NALH-127091480	State: Arkansas
TOI: L09I Individual Life - Flexible Premium Adjustable Life	SERFF Status: Closed-Approved-Closed	State Tr Num: 48315
Sub-TOI: L09I.101 External Indexed - Single Life	Co Tr Num: LR482 AND PS170A	State Status: FEES PAID
Filing Type: Form	Reviewer(s): Linda Bird	
	Authors: Laurie Gruba, Gayle Lovorn	Disposition Date: 03/28/2011
	Date Submitted: 03/23/2011	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

## General Information

Project Name: LR482 and PS170A	Status of Filing in Domicile: Authorized
Project Number: LR482 and PS170A	Date Approved in Domicile: 03/23/2011
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 03/28/2011
	State Status Changed: 03/23/2011
Deemer Date:	Created By: Gayle Lovorn
Submitted By: Gayle Lovorn	Corresponding Filing Tracking Number:
Filing Description:	
LR482 Endorsement	
PS170A Schedule of Policy Benefits	

We are filing the above referenced forms for your review and approval. No part of this filing contains any unusual or possibly controversial items from normal Company or industry standards.

SERFF Tracking Number: NALH-127091480 State: Arkansas  
Filing Company: North American Company for Life and Health State Tracking Number: 48315  
Insurance  
Company Tracking Number: LR482 AND PS170A  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.101 External Indexed - Single Life  
Adjustable Life  
Product Name: LR482 and PS170A  
Project Name/Number: LR482 and PS170A/LR482 and PS170A

These forms will be laser printed and we reserve the right to change fonts company logos and layouts. The minimum font size will never be less than 10 point type.

Form PS170A is a new form and is intended to replace Schedule of Policy Benefits form PS170 approved by your state on 05/28/2009 under state tracking number 42493. The difference between the current form and that being submitted is that the Maturity Date disclosure was revised to reflect any additional premium payments, such as 1035 exchanges, that are used to calculate the expiry date. Included in this filing is an updated Statement of Variability.

LR482 is a new form and is not intended to replace any other form. This form was designed to endorse the Premium Guarantee Accounts (PGA) language contained in previously approved policy forms. This endorsement clarifies the processing of the referenced premium payments received or applied in the Premium Guarantee Accounts.

The Premium Guarantee Accounts are used only for the purpose of determining whether the No Lapse Guarantee is in effect. The processing of these accounts do not affect the calculation of the actual Account Value, Net Cash Surrender Value or any other value.

Your review and approval of this filing, at your earliest convenience, would be appreciated. Please feel free to contact me if you have any questions regarding this filing.

## Company and Contact

### Filing Contact Information

Gayle Lovorn, Senior Contracts Analyst glovorn@nacolah.com  
525 W. Van Buren 800-800-3656 [Phone] 87609 [Ext]  
Chicago, IL 60607 312-648-7797 [FAX]

### Filing Company Information

North American Company for Life and Health CoCode: 66974 State of Domicile: Iowa  
Insurance  
Principal Office: 4601 Westown Parkway - Group Code: 431 Company Type: Life and Annuity  
Suite 300  
West Des Moines, IA 50266 Group Name: State ID Number:  
(800) 800-3656 ext. [Phone] FEIN Number: 36-2428931

-----

SERFF Tracking Number: NALH-127091480 State: Arkansas

Filing Company: North American Company for Life and Health State Tracking Number: 48315  
Insurance

Company Tracking Number: LR482 AND PS170A

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.101 External Indexed - Single Life  
Adjustable Life

Product Name: LR482 and PS170A

Project Name/Number: LR482 and PS170A/LR482 and PS170A

## Filing Fees

Fee Required? Yes

Fee Amount: \$100.00

Retaliatory? No

Fee Explanation: \$50.00 per form

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
North American Company for Life and Health Insurance	\$100.00	03/23/2011	45894168

<i>SERFF Tracking Number:</i>	<i>NALH-127091480</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>North American Company for Life and Health Insurance</i>	<i>State Tracking Number:</i>	<i>48315</i>
<i>Company Tracking Number:</i>	<i>LR482 AND PS170A</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.101 External Indexed - Single Life</i>
<i>Product Name:</i>	<i>LR482 and PS170A</i>		
<i>Project Name/Number:</i>	<i>LR482 and PS170A/LR482 and PS170A</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Linda Bird	03/28/2011	03/28/2011

### Amendments

<b>Schedule</b>	<b>Schedule Item Name</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Form	Endorsement	Gayle Lovorn	03/25/2011	03/25/2011
Form	Endorsement	Gayle Lovorn	03/24/2011	03/24/2011

<i>SERFF Tracking Number:</i>	<i>NALH-127091480</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>North American Company for Life and Health Insurance</i>	<i>State Tracking Number:</i>	<i>48315</i>
<i>Company Tracking Number:</i>	<i>LR482 AND PS170A</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.101 External Indexed - Single Life</i>
<i>Product Name:</i>	<i>LR482 and PS170A</i>		
<i>Project Name/Number:</i>	<i>LR482 and PS170A/LR482 and PS170A</i>		

## Disposition

Disposition Date: 03/28/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NALH-127091480 State: Arkansas

Filing Company: North American Company for Life and Health State Tracking Number: 48315

Insurance

Company Tracking Number: LR482 AND PS170A

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.101 External Indexed - Single Life

Adjustable Life

Product Name: LR482 and PS170A

Project Name/Number: LR482 and PS170A/LR482 and PS170A

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Statement of Variability		Yes
Form ( <i>revised</i> )	Endorsement		Yes
Form	Endorsement	Replaced	Yes
Form	Endorsement	Replaced	Yes
Form	Schedule of Policy Benefits		Yes

SERFF Tracking Number: NALH-127091480 State: Arkansas

Filing Company: North American Company for Life and Health State Tracking Number: 48315  
Insurance

Company Tracking Number: LR482 AND PS170A

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.101 External Indexed - Single Life  
Adjustable Life

Product Name: LR482 and PS170A

Project Name/Number: LR482 and PS170A/LR482 and PS170A

## Amendment Letter

Submitted Date: 03/25/2011

### Comments:

The filing has been updated with a revised LR482 endorsement form.

### Changed Items:

#### Form Schedule Item Changes:

#### Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
LR482	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Endorsement Initial					52.700	LR482 Endorsement.pdf

SERFF Tracking Number: NALH-127091480 State: Arkansas

Filing Company: North American Company for Life and Health State Tracking Number: 48315

Insurance

Company Tracking Number: LR482 AND PS170A

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.101 External Indexed - Single Life

Adjustable Life

Product Name: LR482 and PS170A

Project Name/Number: LR482 and PS170A/LR482 and PS170A

## Amendment Letter

Submitted Date: 03/24/2011

### Comments:

The filing has been updated with a revised LR482 endorsement form

### Changed Items:

#### Form Schedule Item Changes:

#### Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
LR482	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Endorsement Initial					52.700	LR482 Endorsement.pdf LR482 Endorsement.pdf



SERFF Tracking Number: NALH-127091480 State: Arkansas

Filing Company: North American Company for Life and Health State Tracking Number: 48315

Insurance

Company Tracking Number: LR482 AND PS170A

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.101 External Indexed - Single Life

Adjustable Life

Product Name: LR482 and PS170A

Project Name/Number: LR482 and PS170A/LR482 and PS170A

## Form Schedule

### Lead Form Number: LR482 and PS170A

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LR482	Policy/Cont	Endorsement	Initial		52.700	LR482 Endorsement.pdf
		act/Fratern	al				
		Certificate:					
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					
	PS170A	Schedule	Schedule of Policy	Initial		0.000	PS170A Schedule of Policy Benefits.pdf
		Pages	Benefits				



**North American Company**  
for Life and Health Insurance  
Since 1886

*A Stock Company*

Principal Office: 4350 Westown Parkway, West Des Moines, IA 50266 ♦

Administrative Office: P.O. Box 5088, Sioux Falls, SD 57117-5088

[www.nacolah.com](http://www.nacolah.com)

## ENDORSEMENT

This Endorsement is a part of the Policy to which it is attached and is effective as of the Policy Date. It is subject to all the provisions of the Policy, unless We state otherwise.

The following language is added to your Premium Guarantee Account(s) (PGA) provision contained in your Policy:

For purposes of this amendment, the PGA Cut-off Date is defined as the Monthly Anniversary that is 6 months after the Policy Date.

Any Premium that is received prior to the PGA Cut-Off Date will be applied in the Premium Guarantee Account(s) as if it was received on the Policy Date.

Any Premium received after the PGA Cut-Off Date on a Monthly Anniversary will be applied in the Premium Guarantee Account(s) as if it was received on that Monthly Anniversary.

Any Premium received after the PGA Cut-Off Date and on a day that is not a Monthly Anniversary will be applied in the Premium Guarantee Account(s) as if it was received on the previous Monthly Anniversary.

Any Premium received prior to the first Policy Anniversary as a result of an exchange under Section 1035 of the Internal Revenue Code will be applied in the Premium Guarantee Account(s) as if it was received on the Policy Date.

Nothing in this Endorsement shall be construed to amend or alter the Grace Period provision of the Policy.

Secretary

President

## SCHEDULE OF POLICY BENEFITS

### POLICY SPECIFICATIONS

<b>OWNER:</b>	[MARY DOE]	<b>POLICY NUMBER:</b>	[12345678910]
<b>INSURED:</b>	[JOHN DOE]	<b>POLICY DATE:</b>	[01/01/2011]
<b>SEX:</b>	[MALE]	<b>SPECIFIED AMOUNT:</b>	[\$100,000]
<b>BENEFICIARY:</b>	REFER TO APPLICATION	<b>ISSUE AGE:</b>	[35]
<b>PREMIUM CLASS:</b>	[NON-TOBACCO]	<b>PLANNED PERIODIC PREMIUM:</b>	[\$1,000.00]
		<b>FREQUENCY:</b>	[ANNUAL]
<b>DEATH BENEFIT OPTION:</b>	[LEVEL]	<b>INITIAL PREMIUM RECEIVED:</b>	[\$1,000.00]
<b>EXCHANGE PERIOD TERMINATION DATE:</b> [01/01/2052]			
<b>5 YEAR NO LAPSE GUARANTEE PREMIUM:</b> \$[43.50 MONTHLY]			

[Premium includes a \$1.00 per month Civil Service Allotment fee, for a total annual increase of \$12.00]

### PRIMARY BENEFIT

DESCRIPTION	MATURITY DATE
FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE	[01/01/2096]*

- \* It is possible that coverage will lapse prior to the Maturity Date shown, if premiums paid are insufficient to continue coverage to such date. Based on the Planned Periodic Premium, any Changes to Planned Periodic Premium shown below, additional initial premium of [\$2,000.00], Guaranteed Charges, and Guaranteed Interest Rates, coverage will expire on the Insured's Policy Age [120]. This statement is based on the guaranteed provisions of the Policy, including the Extended No Lapse Guarantee. This statement assumes that the Planned Periodic Premiums are paid at the beginning of each period using the specified Frequency for [65] years and that the additional initial premium is applied on the Policy Date. Continuation of coverage may be affected by Policy Loans, Withdrawals, or other changes You make to Your Policy, and by the amount, timing and frequency of premium payments.

### ASSUMED CHANGES TO PLANNED PERIODIC PREMIUM

[NONE]

Each change to the Planned Periodic Premium must be requested by You. For purposes of calculating the Insured's Policy Age at Policy expiration shown above, the Planned Periodic Premium changes to the following amounts at the beginning of the indicated Policy Year and continues thereafter:

Policy Year	[11]:	\$ [1,200.00]
Policy Year	[21]:	\$ [800.00]
Policy Year	[31]:	\$ [200.00]

## **SCHEDULE OF POLICY BENEFITS (CONTINUED)**

### **POLICY CHARGES AND OTHER INFORMATION**

**PREMIUM LOAD:** [20.00]% Of Premiums Received To Policy Age 100

**POLICY EXPENSE CHARGE:** \$[6.00] Per Month To Policy Age 100

**EXTENDED NO LAPSE GUARANTEE CHARGE:** \$[0.1900] Per Month Per \$1000 To Policy Age 100. This Extended No Lapse Guarantee Charge applies only if there are no changes to Premium Class or Specified Amount. The maximum Extended No Lapse Guarantee Charge is \$1.875 Per Month Per \$1000.

**GUARANTEED INTEREST RATE:** 2.50% PER YEAR

**CURRENT INTEREST RATE GUARANTEED FOR FIRST POLICY YEAR:** [3.50]%

**MAXIMUM POLICY LOAN INTEREST RATE:** 6.00% Per Year Payable In Arrears

**INITIAL POLICY YEAR FOR NET ZERO COST LOANS:** [6th]

**WITHDRAWAL PROCESSING FEE:** \$25.00

**MINIMUM WITHDRAWAL AMOUNT:** \$500.00

**MAXIMUM WITHDRAWAL PERCENTAGE:** 50% In First Policy Year; 90% Thereafter

**MINIMUM SPECIFIED AMOUNT:** \$25,000

**MINIMUM INCREASE AMOUNT:** \$25,000

**MINIMUM UNSCHEDULED PREMIUM PAYMENT:** \$25.00

**COST OF INSURANCE DISCOUNT FACTOR:** 1.0020598

**BASIS OF VALUES:** 2001 CSO, Sex Distinct, Smoker Distinct, Age Nearest Birthday Mortality Table

**SCHEDULE OF POLICY BENEFITS (CONTINUED)**

**ADDITIONAL BENEFITS PROVIDED BY ENDORSEMENT OR RIDER**

<b>DESCRIPTION OF ADDITIONAL POLICY BENEFITS</b>	<b>YEARS PAYABLE/ EXPIRY DATE</b>	<b>BENEFIT UNITS OR AMOUNT</b>	<b>ANNUAL PREMIUM</b>
[ACCELERATED BENEFIT ENDORSEMENT]	[01-01-2096]	[N/A]	[NONE]
[CHILDREN'S TERM RIDER]	[01-01-2041]	[2,000.00}	[12.00]
[ACCIDENTAL DEATH BENEFIT RIDER]	[01-01-2046]	[100,000.00]	[96.00]
[GUARANTEED INSURABILITY RIDER]	[01-01-2026]	[50,000.00]	[72.00]
[WAIVER OF MONTHLY DEDUCTIONS RIDER]	[01-01-2041]	[N/A]	[69.12]
[CHRONIC ILLNESS ACCELERATED BENEFIT RIDER - MAXIMUM BENEFIT EACH ELECTION: THE SMALLER OF 24% OF THE DEATH BENEFIT ON INITIAL ELECTION DATE OR \$240,000. MAXIMUM ACCELERATED DEATH BENEFIT: \$1,000,000. CUMULATIVE ACCELERATED BENEFIT PERCENTAGE: 50%.]	[01-01-2096]	[N/A]	[NONE}

**INQUIRIES REGARDING YOUR POLICY SHOULD BE DIRECTED TO YOUR AGENT OR, IF HE OR SHE IS NOT AVAILABLE, TO OUR ADMINISTRATIVE OFFICE AT THE FOLLOWING ADDRESS:**

**NORTH AMERICAN COMPANY FOR LIFE AND HEALTH INSURANCE  
ATTN: CLIENT COMMUNICATIONS  
P.O. BOX 5088  
SIOUX FALLS, SD 57117-5088  
1-877-872-0757**

## SCHEDULE OF POLICY BENEFITS (CONTINUED)

### TABLE OF SURRENDER CHARGES

<u>Policy Year</u>	<u>Surrender Charge Factor</u>	<u>Policy Year</u>	<u>Surrender Charge Factor</u>
1	[\$20.00	12	[\$12.80
2	19.60	13	12.00
3	19.20	14	10.80
4	18.80	15	9.60
5	18.40	16	8.40
6	17.60	17	7.20
7	16.80	18	5.60
8	16.00	19	4.00
9	15.20	20	2.00
10	14.40	21+	0.00]
11	13.60]		

### CORRIDOR PERCENTAGE TABLE

<u>Policy Age</u>	<u>Corridor Percentage</u>	<u>Policy Age</u>	<u>Corridor Percentage</u>
0-40	250%	60	130%
41	243%	61	128%
42	236%	62	126%
43	229%	63	124%
44	222%	64	122%
45	215%	65	120%
46	209%	66	119%
47	203%	67	118%
48	197%	68	117%
49	191%	69	116%
50	185%	70	115%
51	178%	71	113%
52	171%	72	111%
53	164%	73	109%
54	157%	74	107%
55	150%	75 – 90	105%
56	146%	91	104%
57	142%	92	103%
58	138%	93	102%
59	134%	94	101%
		95+	100%

**SCHEDULE OF POLICY BENEFITS (CONTINUED)**

**TABLE OF GUARANTEED COST OF INSURANCE RATES  
MAXIMUM MONTHLY COST OF INSURANCE PER \$1,000**

<b><u>POLICY AGE</u></b>	<b><u>COST</u></b>	<b><u>POLICY AGE</u></b>	<b><u>COST</u></b>	<b><u>POLICY AGE</u></b>	<b><u>COST</u></b>
35	0.09	57	0.57	79	5.22
36	0.10	58	0.62	80	5.84
37	0.10	59	0.68	81	6.55
38	0.11	60	0.75	82	7.30
39	0.11	61	0.83	83	8.11
40	0.12	62	0.93	84	9.02
41	0.13	63	1.05	85	10.04
42	0.14	64	1.17	86	11.19
43	0.16	65	1.30	87	12.47
44	0.18	66	1.43	88	13.85
45	0.19	67	1.56	89	15.33
46	0.21	68	1.70	90	16.91
47	0.23	69	1.85	91	18.42
48	0.24	70	2.03	92	20.02
49	0.26	71	2.23	93	21.73
50	0.28	72	2.50	94	23.59
51	0.30	73	2.78	95	25.57
52	0.33	74	3.07	96	27.43
53	0.36	75	3.40	97	29.46
54	0.41	76	3.75	98	31.67
55	0.46	77	4.17	99	34.10
56	0.51	78	4.65	100+	0.00

## EXTENDED NO LAPSE GUARANTEE SCHEDULE OF AMOUNTS

The amounts shown in this schedule are used only in the calculation of the Premium Guarantee Accounts and do **NOT** affect the calculation of the Account Value, Cash Surrender Value or Policy Proceeds. The Premium Guarantee Accounts are used only for the purpose of determining whether the Extended No Lapse Guarantee is in effect.

### ACCOUNT EXPENSE:

Policy Expense: [\$6.00] per month to Policy Age 100  
Unit Expense Factor: [\$0.2050] per month to Policy Age 100

### ACCOUNT PREMIUM LOAD\*:

Policy Year [1]  
Cumulative Premiums up to [\$591] = [30%]  
Cumulative Premiums from [\$591] to [\$4,137] = [0%]  
Cumulative Premiums above [\$4,137] = [18%]  
Policy Years [2-10]  
Cumulative Premiums up to [\$591] = [20%]  
Cumulative Premiums from [\$591] to [\$4,137] = [0%]  
Cumulative Premiums above [\$4,137] = [18%]  
Policy Years [11+]  
Cumulative Premiums up to [\$591] = [20%]  
Cumulative Premiums from [\$591] to [\$4,137] = [0%]  
Cumulative Premiums above [\$4,137] = [0%]

\* The Cumulative Premium for the Account Premium Load is set to 0 at the beginning of each Policy Year.

### ACCOUNT INTEREST RATE:

#### Table A

[4.75%] per year for Policy Years [1-50]  
[5.25%] per year for Policy Years [51+]

#### Table B

[4.75%] per year for Policy Years [1-50]  
[5.25%] per year for Policy Years [51+]



**EXTENDED NO LAPSE GUARANTEE SCHEDULE OF AMOUNTS (Continued)**

**GUARANTEED MONTHLY ACCOUNT PREMIUM RATES  
FOR CALCULATING PREMIUM GUARANTEE ACCOUNT**

<b>Policy Year</b>	<b>Table A</b>	<b>Table B</b>	<b>Policy Year</b>	<b>Table A</b>	<b>Table B</b>	<b>Policy Year</b>	<b>Table A</b>	<b>Table B</b>
[1	[0.0125	[0.0600	[36	[0.2550	[2.0200	[71	[ 0	[ 0
2	0.0125	0.0725	37	0.2800	2.2150	72	0	0
3	0.0125	0.0825	38	0.3125	2.4750	73	0	0
4	0.0125	0.0950	39	0.3475	2.7450	74	0	0
5	0.0150	0.1050	40	0.3850	3.0325	75	0	0
6	0.0150	0.1150	41	0.4250	3.3450	76	0	0
7	0.0175	0.1275	42	0.4675	3.6675	77	0	0
8	0.0175	0.1375	43	0.5175	4.0425	78	0	0
9	0.0200	0.1500	44	0.5775	4.4775	79	0	0
10	0.0225	0.1625	45	0.6450	4.9800	80	0	0
11	0.0250	0.1825	46	0.7200	5.5250	81	0	0
12	0.0275	0.2050	47	0.8050	6.1425	82	0	0
13	0.0300	0.2300	48	0.8925	6.7775	83	0	0
14	0.0300	0.2550	49	0.9875	7.4575	84	0	0
15	0.0325	0.2800	50	1.0600	8.2100	85	0	0
16	0.0350	0.3000	51	1.0600	9.0425	86	0	0
17	0.0375	0.3250	52	1.0600	9.9625	87	0	0
18	0.0425	0.3525	53	1.0600	10.9600	88	0	0
19	0.0450	0.3875	54	1.0600	12.0200	89	0	0
20	0.0525	0.4225	55	1.0600	13.1300	90	0	0
21	0.0575	0.4650	56	1.0600	14.2800	91	0	0
22	0.0650	0.5125	57	1.0600	15.3425	92	0	0
23	0.0725	0.5625	58	1.0600	16.4400	93	0	0
24	0.0775	0.6125	59	1.0600	17.5900	94	0	0
25	0.0850	0.6700	60	1.0600	18.7975	95	0	0
26	0.0950	0.7575	61	1.0600	20.0575	96	0	0
27	0.1050	0.8400	62	1.0600	21.3025	97	0	0
28	0.1175	0.9425	63	1.0600	22.6300	98	0	0
29	0.1325	1.0575	64	1.0600	24.0475	99	0	0
30	0.1475	1.1775	65	1.0600	25.5600	100+]	0 ]	0 ]
31	0.1650	1.3025	66	0	0			
32	0.1800	1.4300	67	0	0			
33	0.1975	1.5600	68	0	0			
34	0.2150	1.7000	69	0	0			
35]	0.2325]	1.8450]	70]	0 ]	0 ]			

SERFF Tracking Number: NALH-127091480 State: Arkansas  
Filing Company: North American Company for Life and Health State Tracking Number: 48315  
Insurance  
Company Tracking Number: LR482 AND PS170A  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.101 External Indexed - Single Life  
Adjustable Life  
Product Name: LR482 and PS170A  
Project Name/Number: LR482 and PS170A/LR482 and PS170A

## Supporting Document Schedules

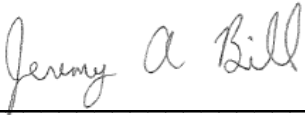
	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachments:</b> LR482 READABILITY CERTIFICATE.pdf AR L & H 1 cert.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Statement of Variability <b>Comments:</b> <b>Attachment:</b> Stmnt of Variability - PS170A.pdf		

## READABILITY CERTIFICATE

I certify that Readability has been tested under the Flesch Readability formula set forth by Rudolph Flesch in his book, The Art of Readability Writing and that the form(s) meet your minimum readability requirements for the form(s) listed below:

<u>Form Number</u>	<u>Description</u>	<u>Score</u>
LR482	Endorsement	57.2



\_\_\_\_\_  
Date: March 21, 2011

Jeremy A. Bill, FSA, MAAA  
2nd Vice President - Product Development  
Midland Life Insurance Company and  
North American Company for Life and Health Insurance

# State of Arkansas

## Certificate of Compliance

RE: Form LR482, PS170A

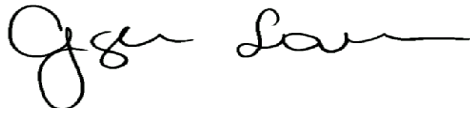
On behalf of North American company for Life and Health Insurance, I certify the company is in compliance with:

Rule and Regulation 19.

Rule and Regulation 34 for Universal Life Insurance.

Rule and Regulation 49 – each policyholder will be provided a life and health guaranty notice at time of issue.

A.C.A. § 23-79-138 for Policy Information Requirements – each policy will contain the contact information of the policyholder's service office, soliciting agent and the state insurance department.

A handwritten signature in black ink, appearing to read "Gayle Lovorn", is written above a horizontal line.

Gayle Lovorn, Senior Contract Analyst

Date: March 21, 2011

## Statement of Variability - Policy Form Series LS170 w/Schedule Pages PS170A

The following is a list of bracketed items and the corresponding range of text and/or values. Some of the items are bracketed for future flexibility.

The following criteria are used to determine the value of each bracketed item:

- Consumer demands and preferences
- The market conditions and the competitive environment.
- The economic environment and its impact on our investment portfolio.
- The Company's experience for lapses, mortality and expenses

Bracketed Item	Variable Text/Range
<b>Owner</b>	Varies with consumer
<b>Policy Number</b>	Varies with consumer
<b>Insured</b>	Varies with consumer
<b>Policy Date</b>	Varies with consumer
<b>Sex</b>	Male, Female
<b>Specified Amount</b>	Varies with consumer
<b>Issue Age</b>	Varies with consumer
<b>Premium Class</b>	Super Preferred Non-Tobacco, Preferred Non-Tobacco, Preferred Tobacco, Standard Non-Tobacco, Standard Tobacco If the policy is rated, additional text: RATED TABLE 2-16 If the policy has a flat extra rating, additional text: \$ 2- \$35 PERM FLAT If the policy has a table rating and flat extra: RATED TABLE X, \$ X PERM FLAT.
<b>Planned Periodic Premium</b>	Varies by consumer
<b>Frequency</b>	Annual, semi-annual, quarterly, monthly
<b>Death Benefit Option</b>	The consumer can choose one of two Death Benefit Options: Level or Increasing
<b>Initial Premium Received</b>	Varies by consumer
<b>Exchange Period Termination Date</b>	Varies by consumer
<b>5 Year No Lapse Guarantee Premium</b>	Varies by consumer (varies by Issue Age, Sex, Premium Class, and Specified Amount)
<b>Civil Service Allotment fee</b>	This statement prints only if an Insured requests this form of premium payment.
<b>Maturity Date and accompanying variables</b>	Varies by consumer
<b>Assumed Changes to Planned Periodic Premium</b>	Varies by consumer
<b>Premium Load</b>	This load is currently the same for all consumers and is bracketed for future flexibility. Range of Variability: 0% - 20%
<b>Policy Expense Charge</b>	This charge is currently the same for all consumers and is bracketed for future flexibility. Range of Variability: \$0 - \$6 per month
<b>Extended No Lapse Guarantee Charge</b>	Range of Variability: \$0.0275 - \$1.875 per month (varies by Issue Age, Sex, Premium Class, and Specified Amount)
<b>Current Interest Rate Guaranteed For First Policy Year</b>	The Current Interest Rate is determined by the Company and is bracketed for future flexibility. The Current Interest Rate cannot decrease below the Guaranteed Interest Rate. Range of Variability: 2.5% - 6.0%
<b>Initial Policy Year for Net Zero Loans</b>	Range of Variability: 6-11

<b>Additional Policy Benefits Years Payable/Expiry Date; Benefit Units or Amount; Annual Premium</b>	Accelerated Benefit Endorsement; Children's Term Rider; Accidental Death Benefit Rider; Guaranteed Insurability Rider; Waiver of Monthly Deductions Rider; Chronic Illness Accelerated Benefit Rider, Other  Additional Policy Benefits, are bracketed because they are optional and/or specific underwriting criteria must be met for the insured. The expiry date, benefit units and annual premium would vary by insured. The use of Other is for any other previously approved riders that may be added to this policy in the future.
<b>Surrender Charge Factor</b>	Range of Variability: \$0 - \$60 (Varies by Issue Age, Sex, Premium Class, and Policy Year)

**This section pertains to the Extended No Lapse Guarantee Schedule of Premium Guarantee Amounts**

<b>Policy Expense</b>	This charge is currently the same for all consumers and is bracketed for future flexibility. Range of Variability: \$0 - \$6 per month
<b>Unit Expense Factor</b>	\$0.03 - \$5.00 per month (varies by Issue Age, Sex, Premium Class, and Specified Amount)
<b>Account Premium Load</b>	The Policy Year breaks for the Account Premium Load are the same for all consumers and are bracketed for future flexibility.  The Cumulative Premium thresholds are bracketed for future flexibility and vary by Issue Age, Sex, Premium Class, and Specified Amount.  The Account Premium Load percentages vary by Policy Year and Cumulative Premiums. The range of variability is 0% - 30%.
<b>ACCOUNT INTEREST RATE: <u>Table A</u></b>	The Account Interest Rate for Table A is bracketed for future flexibility. The number of Policy Years each rate applies varies by Issue Age.  4.0% to 5.5% per year for Policy Years 1-10 to 1-90 4.0% to 5.5% per year for Policy Years 11+ to 91+
<b>ACCOUNT INTEREST RATE: <u>Table B</u></b>	The Account Interest Rate for Table B is bracketed for future flexibility. The number of Policy Years each rate applies varies by Issue Age.  4.0% to 5.5% per year for Policy Years 1-10 to 1-90 4.0% to 5.5% per year for Policy Years 11+ to 91+
<b><u>Guarantee Monthly Account Premium Rates for Calculating Premium Guarantee Account</u></b>  <b><u>Table A</u></b>  <b><u>Table B</u></b>	Table A range 0.0025 – 15.00 (varies by Sex, Premium Class, Issue Age, Specified Amount, and Policy Year)  Table B range 0.03 – 35.00 (varies by Sex, Premium Class, Issue Age, Specified Amount, and Policy Year)

SERFF Tracking Number: NALH-127091480 State: Arkansas

Filing Company: North American Company for Life and Health State Tracking Number: 48315

Insurance

Company Tracking Number: LR482 AND PS170A

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.101 External Indexed - Single Life

Adjustable Life

Product Name: LR482 and PS170A

Project Name/Number: LR482 and PS170A/LR482 and PS170A

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/24/2011	Form	Endorsement	03/25/2011	LR482 Endorsement.pdf (Superceded) LR482 Endorsement.pdf (Superceded)
03/23/2011	Form	Endorsement	03/24/2011	LR482 Endorsement.pdf



**North American Company**  
for Life and Health Insurance  
Since 1886

A Stock Company

Principal Office: 4350 Westown Parkway, West Des Moines, IA 50266 ♦ (515) 440-5500

Executive Office: One Sammons Plaza, Sioux Falls, SD 57193 ♦ (800) 923-3223

[www.mnlife.com](http://www.mnlife.com)

## ENDORSEMENT

This Endorsement is a part of the Policy to which it is attached and is effective as of the Policy Date. It is subject to all the provisions of the Policy, including the Grace Period provision, unless We state otherwise.

The following language is added to your Premium Guarantee Account(s) provision contained in your Policy:

For purposes of this endorsement, the PGA Cut-off Date is defined as the Monthly Anniversary that is 6 months after the Policy Date.

Any Premium that is received prior to the PGA Cut-Off Date will be applied in the Premium Guarantee Account(s) as if it was received on the Policy Date.

Any Premium received after the PGA Cut-Off Date on the Monthly Anniversary will be applied in the Premium Guarantee Account(s) as if it was received on the Monthly Anniversary.

Any Premium received after the PGA Cut-Off Date and on a day that is not a Monthly Anniversary will be applied in the Premium Guarantee Account(s) as if it was received on the previous Monthly Anniversary.

Any Premium received prior to the first Policy Anniversary as a result of an exchange under Section 1035 of the Internal Revenue Code will be applied in the Premium Guarantee Account(s) as if it was received on the Policy Date.

Secretary

President





**North American Company**  
for Life and Health Insurance  
Since 1886

A Stock Company

Principal Office: 4350 Westown Parkway, West Des Moines, IA 50266 ♦ (515) 440-5500

Executive Office: One Sammons Plaza, Sioux Falls, SD 57193 ♦ (800) 923-3223

[www.mnlife.com](http://www.mnlife.com)

## **ENDORSEMENT**

This Endorsement is a part of the Policy to which it is attached and is effective as of the Policy Date. It is subject to all the provisions of the Policy, unless We state otherwise.

The following language is added to your Premium Guarantee Account(s) (PGA) provision contained in your Policy:

For purposes of this amendment, the PGA Cut-off Date is defined as the Monthly Anniversary that is 6 months after the Policy Date.

Any Premium that is received prior to the PGA Cut-Off Date will be applied in the Premium Guarantee Account(s) as if it was received on the Policy Date.

Any Premium received after the PGA Cut-Off Date on a Monthly Anniversary will be applied in the Premium Guarantee Account(s) as if it was received on that Monthly Anniversary.

Any Premium received after the PGA Cut-Off Date and on a day that is not a Monthly Anniversary will be applied in the Premium Guarantee Account(s) as if it was received on the previous Monthly Anniversary.

Any Premium received prior to the first Policy Anniversary as a result of an exchange under Section 1035 of the Internal Revenue Code will be applied in the Premium Guarantee Account(s) as if it was received on the Policy Date.

Nothing in this Endorsement shall be construed to amend or alter the Grace Period provision of the Policy.